

Division of Public and Behavioral Health

11/6/13 Acceptable POC 90

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER NVS4066AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ANGEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 465 EAST ROBINDALE ROAD LAS VEGAS, NV 89123		
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted in your facility on 9/4/13. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons chronic illness and/or persons with mental illness, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000	<p>RECEIVED</p> <p>OCT 02 2013</p> <p>BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV</p>	
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 Qualifications of caregivers. 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This STANDARD is not met as evidenced by:	Y 070		<p>1. Employee no.2 has completed training of Caregiving and Dementia but it was only misfiled unintentionally. (Attachment 1 & 2 TAG Y 070).</p> <p>2. Employee no.1 & 3 completed 8 hrs. Caregiver's training on 9/14/13, and voids the training on 4/8/13. (Attachment 3 & 4 TAG Y 070).</p> <p>3. All employee files will be reviewed every 6 months to ensure employee have current annual 8hrs. of caregivers training. A personal file checklist will be utilized to determine if re-certification are needed.</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Grauesca Salcedo Administrator 10-02-13

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Y 070	Continued From page 1 Based on record review and interview on 9/4/13, the facility failed to ensure that 3 of 3 caregivers received eight hours of annual training (Employee #2 and #3 - no annual training, Employee #1 - had caregiver training certificate in file for eight hours on 4/8/13, however there were certificates for an additional 18 hours of other training for the same date). Severity: 2 Scope: 3	Y 070	4. The administrator will monitor for compliance 5. Date of compliance 10/10/13.	
Y 072 SS=D	449.196(3)(a-c) Qualifications of Caregiver-Med Training NAC 449.196 Qualifications of caregivers. 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.037, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and	Y 072 <i>OK 10/15/13</i>	1. Employee no.3 has completed 8 hrs. approved medication training course, but she misplaced it unintentionally. (Attachment 5 TAG Y 072). 2. The administrator has developed a checklist to use for employee to ensure that all requirements are being met. 3. The administrator is responsible for the compliance of this regulation. 4. Date of compliance 9/30/13.	

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Y 072	Continued From page 2	Y 072		
Y 074	<p>This Regulation is not met as evidenced by: Based on record review and interview on 9/4/13, the facility failed to ensure that 1 of 3 caregivers had completed the required 8 hours of annual medication management refresher training (Employee #3).</p> <p>Severity: 2 Scope: 1</p> <p>NRS 449.093 Elder Abuse Training</p> <p>NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete</p> <p>4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter.</p> <p>5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter.</p>	<p>Y074</p> <p><i>OK 10/6/13</i></p>	<ol style="list-style-type: none"> 1. Employee no.1 took another 2 hrs. of Elder Abuse training on 9/13/13 given by the administrator and void the training on the 4/08/13. (Attachment 6 tag Y 074). 2. Employee no.2 missing Elder Abuse 2012 and 2013 is already filed. (Attachment 7 & 8 TAG Y 074). 3. The administrator is responsible for monitoring compliance. 4. Date of compliance 9/30/13. 	

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Y 074	Continued From page 3 This Regulation is not met as evidenced by: Based on record review and interview on 9/4/13, the facility failed to provide training in the prevention, recognition and response to abuse of elder persons to 2 of 3 employees per Nevada Revised Statutes (NRS) 449.093 (Employee #1 - had certificate for two hours on 4/8/13, however also had 24 additional training hours for same date, Employee #2 - missing 2012 and 2013 annual training). Severity: 2 Scope: 2	Y 074		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A/ Tuberculosis NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review and interview on 9/4/13, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1, missing 2 step TB test). Severity: 2 Scope: 1	Y 103 <i>OK 9/6/13</i>	1. Employee no.1 has completed his TB testing step 1 and 2 done by Lifecare Home Health. (Attachment 9 TAG Y 103). 2. A personal file checklist has been developed and will be utilize. (Attachment 10 TAG Y 103). 3. Administrator is responsible to review personal file. 4. Compliance date 10/02/13.	
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain int/Ext NAC 449.209 Health and sanitation.	Y 178	1. All clutters on the back patio were put away and removed, like tires nails, bed frames, tools & trash.	

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Y 178	Continued From page 4 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview on 9/4/13, the facility failed to ensure the premises was clean and well maintained. Findings include: -Toilet lid in resident bathroom broken -Lint in dryer lint trap -Nails scattered on ground on back patio -Tires stacked on patio -Bedframes, chairs and other furniture stacked in backyard -Over 10 planters in front yard with dead plants -Front lawn overgrown -Miscellaneous tools, household items and trash on backyard patio Severity: 2 Scope: 3	Y 178 <i>glt OK 10/15/13</i>	2. There were no 10 planters with dead plants in the front yard. 3. The back lawn is cut. 4. The broken toilet lid is replaced. 5. Dryer lint trap is cleaned. (Attachment 11 TAG Y 178 – A,B,C,D,E) 6. Proper and regular inspection and monitoring will be done to ensure the facility is well maintained. The administrator will monitor for compliance. 7. Date of compliance 10/02/13.	
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 Residents requiring the use of oxygen. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That	Y 693 <i>glt OK 10/15/13</i>	1. The administrator obtained from the oxygen company a stand to store one E-tank. 2. A no smoking sign is posted. (Attachment 12 TAG Y 693 – A, B). 3. The administrator will have an in-service to explain to the staff the requirements of someone on oxygen. 4. The administrator is the person ultimately responsible of this regulation. 5. Correction date 9/30/13	

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Y 693	Continued From page 5 (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. This Regulation is not met as evidenced by: Based on observation and interview on 9/4/13, the facility failed to secure oxygen tanks in a rack or to the wall (Bedroom #1). Severity: 2 Scope: 1	Y 693		
Y 871 SS=C	NAC 449.2742(1)(d)(1-8)(1)(e) Medication Plan NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the	Y 871 <i>OK 10/15/13</i>	1. There is a medication care plan in the facility provided by the administrator. (Refer to Attachment 13 TAG Y 871 – A, B, C, D, E). 2. The administrator called for a meeting to reeducate and be aware about the medication care plan. 3. The administrator is responsible and monitor for compliance. 4. Compliance date 10/15/13.	

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Y 871	Continued From page 6 administration of medications shall: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications.	Y 871		

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Y 871	Continued From page 7 (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. This Regulation is not met as evidenced by: Based on record review and interview on 9/4/13, the administrator failed to provide a medication plan that included all eight components. Severity: 1 Scope: 3	Y 871		
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the	Y 885 <i>OK 10/15/13</i>	1. Amlodipine 2.5mg and Mucinex 600mg ER for resident #3, and Lorazepam 0.5 mg for resident #4 were destroyed during the survey, instructed and witnessed by the surveyor included two former residents medication. 2. Metformin 500mg and carvedilol 25mg were destroyed and discontinued. (Refer to Attachment 14 TAG Y 885 – A, B). 3. All medication destruction log shall be inspected regularly to ensure that all destruction of discontinued	

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Y 885	<p>Continued From page 8</p> <p>medication in the record maintained pursuant to NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 9/4/13, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred (Resident #3 and #4).</p> <p>Findings include:</p> <p>Resident #3 -Amlodipine 2.5 milligrams (mg). Discontinued 5/9/13. -Mucinex 600 mg ER. Discontinued 3/8/13.</p> <p>Resident #4 -Metformin 500 mg. Discontinued 7/2/13. -Carvedilol 25 mg. Discontinued 7/6/13. -Lorazepam 0.5 mg. Discontinued per caregiver, no documentation in file, not on MAR but medication in Resident medication bin.</p> <p>Medications for two former residents were found in medication cabinet.</p> <p>Severity: 2 Scope: 2</p>	Y 885	<p>medication are being done and recorded immediately after the order of discontinuation by the physician. The administrator will monitor for compliance.</p> <p>4. Date of compliance 10/02/13</p>	
Y 895 SS=E	<p>449.2744(1)(b 1-4)+449.2746(2) Medication / MAR-PRN MAR</p> <p>NAC 449.2744 Administration of medication: Maintenance and contents of logs and records.</p> <p>1. The administrator of a residential facility that</p>	Y 895	<p>1. Medication administration record was reviewed, inspected and checked and caregivers were called for a meeting to re-educate and re-train them for the proper and accurate recording and administration of medication. (Refer to Attachment 15 TAG Y 895).</p>	

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Y 895	<p>Continued From page 9</p> <p>provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>NAC 449.2746 (Refer to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.)</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 9/4/13, the facility failed to ensure the medication administration record (MAR) was accurate for 2</p>	Y 895	<p>2. The caregiver changed the MAR documentation on warfarin 4mg. (Attachment 16 TAG Y 895).</p> <p>3. Quetiapine 50mg and Tylenol 500mg for resident #4 requested also a new prescription from her physician, so medication bottle will match the MAR log.</p> <p>4. Employee no.1 has prepared the PRN medication records and charges with complete documentation for Benadryl 25mg, Milk of Magnesia, Lorazepam 0.5mg. (Refer to Attachment 17 TAG Y 895).</p> <p>5. All residents files and medications charts should be inspected and reviewed regularly to maintain proper documentation of medication administration. The administrator will monitor for compliance.</p> <p>6. Date of compliance 10/15/13.</p>	

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Y 895	<p>Continued From page 10</p> <p>of 5 MARs that were inspected (Resident #3 and #4).</p> <p>Findings include:</p> <p>Resident #3 -Warfarin (Coumadin) 4 milligrams (mg). Bottle reads take 1 tablet by mouth every day except take 1/2 tablet on Monday and Thursday. MAR reads take 1 tablet by mouth every day. Caregiver confirms resident is receiving medication as indicated on the bottle.</p> <p>Resident #4 -Quetiapine 50 mg. Bottle reads take 1 tablet by mouth at bedtime. MAR reads take 1 tablet every morning and evening. -Metformin 500 mg. Discontinued on 7/6/13 but order filled 7/12/13 and 8/7/13. Caregiver states medication returned to pharmacy, no documentation in file. -Carvedilol 25 mg. Discontinued 7/6/13. Order filled 8/20/13. Not on Acceptance Log and not on MAR. -Lorazepam 0.5 mg. One tablet by mouth every 6 hours as needed for anxiety. Not on MAR. Caregiver states medication discontinued, no documentation in file. -Tylenol 500 mg. Take 1 tablet three times a day. Doctors order on file. Not on MAR, not on premises, resident not receiving medication. -Benadryl 25 mg. One capsule by mouth every 6 hours as needed for itching. Not on MAR. -Pradaxa 75 mg capsules. One capsule by mouth twice a day. Not on MAR. -Milk of Magnesia. Take 30 milliliters (ml) by mouth daily as needed for no bowel movement in 2 days. Not on MAR. -Bisacodyl 10 mg suppository (Given by hospice). One daily rectally as needed for no bowel</p>	Y 895		

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Y 895	Continued From page 11 movement in 3 days. Not on MAR. Severity: 2 Scope: 2	Y 895		
Y 920 SS=F	449.2748(1-2) Medication Storage NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation and interview on 9/4/13, the facility failed to ensure medications were secured (Medication cabinet had no lock). Severity: 2 Scope: 3	Y 920 <i>OK 9/15/13</i>	1. Right after the survey the owner bought a new lock and the administrator placed a signed that say please keep medication cabinet locked at all times. (Refer to attachment 18 TAG Y 920). 2. Administrator immediately re-iterated regulation regarding medication storage, and monitor for compliance 3. Date of compliance 10/02/13	

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Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER NVS4066AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ANGEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 465 EAST ROBINDALE ROAD LAS VEGAS, NV 89123		
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 923 SS=D	<p>449.2748(3)(a-b) Medication Container</p> <p>NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident.</p> <p>3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 9/4/13, the facility failed to ensure medications were plainly labeled (Unlabeled bottle containing medication found in unsecured medication cabinet).</p> <p>Severity: 2 Scope: 1</p>	Y 923 <i>OK 10/15/13 sk</i>	<p>1. The caregivers destructed the two medications that were found in the cabinet during the survey.</p> <p>2. The administrator again reiterated that it is very important to destruct medications right away when resident left the facility.</p> <p>3. The administrator has issued a memorandum to the owner and caregiver that cabinet that contains medication and files for residents must be lock at all times. The administrator will monitor for compliance. (Attachment 19 TAG Y 923).</p> <p>4. Date of compliance 10/02/13.</p>	
Y 930 SS=F	<p>449.2749(1)(a) Resident File-Storage, Res Information</p> <p>NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the</p>	Y 930 <i>OK 10/15/13</i>	<p>1. Resident file storage has now a lock and all files are secured.</p> <p>2. The administrator of the facility make sure that all files for residents including residents that left the facility will be retain and protected for five years. Refer to attachment 19 TAG Y 923.</p> <p>3. Date of compliance 10/15/13.</p>	

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Y 930	Continued From page 13 facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation and interview on 9/4/13, the facility failed to ensure resident and employee files were secured in a locked area (Files were in unlocked cabinet). Severity: 2 Scope: 3	Y 930		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441 A of NRS and the regulations adopted pursuant thereto.	Y 936 <i>9th OK 11/6/13</i>	1. Resident #2 was given the first step TB test by a home health nurse. (Attachment 20 TAG Y 936). 2. Resident #5 primary Physician ordered an x-ray and completed the annual TB symptom check. (Attachment 21 TAG Y 936 – A, B). 3. Administrator is responsible for compliance. 4. Compliance date 10/31/13.	

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Y 936	Continued From page 14 This Regulation is not met as evidenced by: Based on record review and interview on 9/4/13, the facility failed to ensure 2 of 5 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, missing 2013 annual TB test and Resident #5, missing chest x-ray from positive TB test and signs and symptoms for 2012 and 2013). Severity: 2 Scope: 2	Y 936		
Y 1011 SS=D	449.2764(2) Mental Illness Training 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on record review and interview on 9/4/13, the facility failed to ensure 1 of 3 employees had received 8 hours of training concerning care for residents who are suffering from mental illnesses	Y 1011 <i>OK 9/10/13</i>	1. Employee no.1 have completed the required 8 hours Mental Illness Training given by the administrator on 9/28/13. (Attachment 22 TAG Y 1011). 2. Upon admission of employment, the caregiver will be required to complete all the requirements needed within 60 days and a staff file will be utilized to ensure that everything is well done and accomplished. 3. Compliance date 10/02/13.	

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Y 1011	Continued From page 15 (Employee #1, hire date of 4/1/13). Severity: 2 Scope: 1	Y 1011		

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